

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

UNITED STATES OF AMERICA

v.

SENTENCING MINUTES

TIMOTHY B. BRADY, II

Case No. 16-CR-150

HONORABLE WILLIAM C. GRIESBACH presiding
Proceeding Held: February 17, 2017
Deputy Clerk: Cheryl

Time Called: 10:07 a.m.
Time Concluded: 10:29 a.m.
Tape: 021717

Appearances:

UNITED STATES OF AMERICA by:	Daniel R. Humble
TIMOTHY B. BRADY, II in person and by:	Thomas E. Phillip
US PROBATION OFFICE by:	Mitch Farra
INTERPRETER: None	<input type="checkbox"/> Interpreter Sworn

- | | |
|---|---|
| <input checked="" type="checkbox"/> The parties have no objections to the factual statements in the PSR | <input type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR |
| <input type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
| <input checked="" type="checkbox"/> The court adopts the factual statements and guideline application as set forth in the PSR | <input type="checkbox"/> The court adopts the factual statements and guideline application with these changes: |

- | | |
|--|---|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Joint recommendation of 144 months. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Joint recommendation of 144 months. |
| <input checked="" type="checkbox"/> Defendant exercises right of allocution. | <input checked="" type="checkbox"/> The court imposes sentence. |
| <input checked="" type="checkbox"/> The government dismisses count(s) 2 | <input checked="" type="checkbox"/> Defendant advised of appeal rights. |

Court accepts joint recommendation.

SENTENCE IMPOSED:

Imprisonment: 144 Months as to Count(s) 1 of the indictment.
 Months as to Count(s) of the .

Imprisonment term for each count to be served ☐ concurrently ☐ consecutively.

TOTAL TERM OF IMPRISONMENT IMPOSED: 144 months.

☐ This term of imprisonment is to be served (☐ concurrently with or ☐ consecutively to) any state court sentence the defendant is currently serving.

Probation: _____ Years as to Count(s) _____ of the ____.

Supervised Release: 6 Years as to Count(s) 1 of the indictment.
 Years as to Count(s) of the .

MONETARY PENALTIES

Special Assessment: \$ 100.00 due immediately

Fine: \$ ☐ fine waived

Restitution: \$ ☐ determination deferred

JOINT AND SEVERAL PAYMENTS

☐ Fine and/or ☐ Restitution is **joint and several** with _____.

☐ Repayment of Buy Money is **joint and several** with _____.

FORFEITURE

☐ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

RECOMMENDATIONS

☒ The court recommends the defendant's placement at a facility near his home in Oklahoma.

☐ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.

☐ Other: _____

CUSTODY

☒ The defendant is remanded to the custody of the U.S. Marshal Service.

☐ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office; ☐ on or after _____.

CONDITIONS OF SUPERVISED RELEASE/PROBATION

Mandatory Conditions

- | | |
|--|--|
| <input checked="" type="checkbox"/> Report (within 72 hours/to USPO as directed) | <input checked="" type="checkbox"/> Cooperate in the collection of DNA |
| <input checked="" type="checkbox"/> Not commit another federal, state, local crime | <input checked="" type="checkbox"/> Comply with requirements of SORNA |
| <input checked="" type="checkbox"/> Not illegally possess any controlled substance | <input type="checkbox"/> Participate in approved domestic violence program |
| <input checked="" type="checkbox"/> Not to possess any firearms | |

Standard Conditions

- | | |
|---|--|
| <input checked="" type="checkbox"/> Not leave Judicial District where released without permission | <input type="checkbox"/> Not go to places where drugs unlawfully used |
| <input checked="" type="checkbox"/> Answer inquiries truthfully/follow instructions | <input checked="" type="checkbox"/> Not associate-persons engaged in criminal activity |
| <input type="checkbox"/> Use best efforts to support dependents | <input checked="" type="checkbox"/> Permit USPO visits and confiscation of contraband |
| <input checked="" type="checkbox"/> Use best efforts to find/maintain employment | <input checked="" type="checkbox"/> Provide 72-hour notice of police contact |
| <input checked="" type="checkbox"/> Provide 10-day notice of change of address | <input type="checkbox"/> Not act as informer/special agent without approval |
| <input type="checkbox"/> Not purchase, possess drug paraphernalia | <input type="checkbox"/> |

Special Conditions

- | | |
|--|--|
| <input type="checkbox"/> Drug Testing – Special Condition | <input type="checkbox"/> Home Confinement for _____ days |
| <input type="checkbox"/> Drug Testing – Standard Condition | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days |
| <input checked="" type="checkbox"/> Drug Testing – Waived | <input type="checkbox"/> Community Correctional Center: _____ days |
| <input type="checkbox"/> Monthly Restitution Payment: \$ _____ | <input type="checkbox"/> Residential Re-Entry Center: _____ days |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____ | <input type="checkbox"/> Cooperate with Bureau of Immigration/Customs |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____ | <input type="checkbox"/> Cooperate with IRS |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month | <input type="checkbox"/> Cooperate with Child Support |
| <input type="checkbox"/> No New Lines of Credit | <input type="checkbox"/> Participate in mental health treatment program |
| <input type="checkbox"/> Financial Disclosure | <input checked="" type="checkbox"/> Participate in sex offender assessment/treatment |
| <input type="checkbox"/> Submit to search by USPO | <input checked="" type="checkbox"/> Waive confidentiality – sex offender treatment |
| <input type="checkbox"/> No tavern employment or patronization | <input type="checkbox"/> No sexually-explicit materials w/minors |
| <input type="checkbox"/> No employment with fiduciary responsibilities | <input type="checkbox"/> No possession/viewing of pornography or erotica |
| <input type="checkbox"/> No gambling | <input type="checkbox"/> Obtain GED or HSED |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00 | <input type="checkbox"/> No contact – unrelated children under 18 |
| <input type="checkbox"/> No possession/use of computer – on-line access | <input type="checkbox"/> No contact with victim(s) |
| <input checked="" type="checkbox"/> No possession/use of data encryption/erasure | <input type="checkbox"/> No contact with gang members |
| <input checked="" type="checkbox"/> Provide computer passwords and logons | <input type="checkbox"/> Perform community service: _____ hours |
| <input checked="" type="checkbox"/> Consent to computer searches | <input type="checkbox"/> |
| <input type="checkbox"/> | |